

To be Sent on LME Letterhead

Potential Provider
Provider Address
City, NC

Dear Provider:

We have received your application for endorsement to provide Community Support services. You may be aware that there are a number of changes to that service that are being made by the North Carolina Department of Health and Human Services. The rate has been reduced, the criteria by which the service is authorized have been tightened, and the requirements for endorsement have been enhanced. If you are not familiar with those changes, we urge you to review the documents on the website of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS): <http://www.dhhs.state.nc.us/mhddsas/>

If you are still interested in applying for endorsement to deliver Community Support in this catchment area, please respond in writing to this correspondence requesting that we continue to process your application for endorsement. In light of many other activities which our [*Provider Relations or alternate appropriate unit in your LME*] are currently engaged, the DMH/DD/SAS has approved a waiver of the timeframes outlined in the Provider Endorsement policy. Therefore, it is likely that your application for endorsement will not be reviewed and processed until later this year. We will notify you when we have completed a review of the application and, assuming the application is complete, when we will be scheduling an on-site review.

Thank you for your interest in providing services to people with disabilities. Please contact _____ at _____ if you have any questions.

Sincerely,

Appropriate LME staff person